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(City/State/Zip/Phone #)

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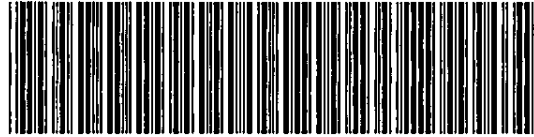
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LABELLE PLANNING, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES O. LUCKEY

(Name of Person)

OWEN L. LUCKEY, JR.

(Firm/Company)

PO DRAWER 1820

(Address)

LABELLE, FLORIDA 33975

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES O. LUCKEY

(Name of Person)

at (863) 675-7111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

LABELLE PLANNING, LLC

The undersigned, under the provisions of Chapter 608 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

1. Name.

The name of the limited liability company is LABELLE PLANNING, LLC (hereinafter referred to as the "Company").

2. Period of Duration.

Unless earlier terminated under the Act or the Operating Agreement, the period of duration of the Company shall be perpetual.

3. Purpose.

The purpose for which the Company is organized is to engage in any and all business activities permitted by the Act and any other applicable laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. Address Of Place Of Business.

The mailing address for the Company is 360 N. Bridge Street, LaBelle, Florida 33935 and the street address of the place of business for the Company is 360 N. Bridge Street, LaBelle, Florida 33935. These addresses may be changed from time to time as provided in the Operating Agreement.

5. Registered Agent.

The initial registered agent in Florida for the Company is JAMES O. LUCKEY and the initial registered office is located at 90 Howe Ave, LaBelle, FL 33935.

6. Capital Contributions.

Contributions to the capital of the Company shall be made by the members, in the manner prescribed by the written Operating Agreement made and entered into by the members and which may be amended from time to time in accordance with its terms.

7. Members.

The Company shall have at least one member and may admit additional members on the prior unanimous written agreement of the then-existing members, or as otherwise provided in the Operating Agreement.

8. Continuity of Business.

On the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, or upon any other event that, under the Act, would result in dissolution of the Company, the business of the Company may be continued and the Company will not be dissolved without the prior written consent of all the remaining members of the Company.

9. Management.

The overall management and control of the business and affairs of the Company shall be vested in its members, as provided in these Articles of Organization and section 608.407 of the Act. Any and all action by the Company shall require the vote of members holding a majority interest in the Company.

Name: JULIE WILKINS Position: MEMBER

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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10. Indemnification.

Except as expressly provided in the Operating Agreement, the Company shall indemnify any member, manager, or former member or manager to the full extent permitted under the Act.

Executed at LaBelle, Florida, on January 19th, 2007.

LABELLE PLANNING, LLC
a Florida limited liability company

By: Julie Wilkins
JULIE WILKINS, Member, LLC

STATE OF FLORIDA
COUNTY OF HENDRY

The foregoing instrument was acknowledged before me on January 19th, 2007, by JULIE WILKINS, Member of LABELLE PLANNING, LLC who is personally known to me or produced a Florida Driver's License as identification.



(Seal)

Sherry D. Bosmore
Notary Public — State of Florida

REGISTERED AGENT
LABELLE PLANNING, LLC

The name and the Florida street address of the registered agent are:

JAMES O. LUCKEY
90 HOWE AVE
LABELLE, FL 33935

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



JAMES O. LUCKEY
ATTORNEY AT LAW